

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Caldwell, City of  
**ADDRESS:** 621 Cleveland Blvd.  
 Caldwell, ID 83605

**FACILITY:** CALDWELL, CITY OF - CALDWELL WWTP

**LOCATION:** 504 JOHNSON LANE  
 CALDWELL, ID 83605

**ATTN:** Brendan Clemens, Operator

ID0021504	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
01/01/2007	01/31/2007

**DMR Mailing ZIP CODE:** 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	19	19				
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	*****				
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	196	241		*****	5	6				
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	7708	9025		*****	193	221				
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.7	*****	7.3				
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	366	433		*****	9	10				
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>
				<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

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Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	9073	11887		*****	226	271				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	1.99	2.9		*****	.05	.08				
00610 1 3 Effluent Gross	<b>PERMIT REQUIREMENT</b>	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	15	15	28				
31616 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	3	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.77	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.46	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96.23	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	19	19				
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.7	*****	*****				
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	162	207		*****	5	6				
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	8297	8265		*****	231	232				
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.8	*****	7.1				
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	262	431		*****	7	11				
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	9349	8627		*****	260	243				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	1.79	2.86		*****	.05	.08				
00610 1 3 Effluent Gross	<b>PERMIT REQUIREMENT</b>	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	20	20	113.1				
31616 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.28	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	1				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	1				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98.05	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.2	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	19				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	187	232		*****	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10103	11757		*****	279	309				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	234	298		*****	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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**FACILITY:** CALDWELL, CITY OF - CALDWELL WWTP  
**LOCATION:** 504 JOHNSON LANE  
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2007	03/31/2007

**DMR Mailing ZIP CODE:** 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	9889	12500		*****	273	339				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>				*****						
00610 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	16	16	200				
31616 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.33	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		
<b>TYPED OR PRINTED</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Caldwell, City of  
**ADDRESS:** 621 Cleveland Blvd.  
 Caldwell, ID 83605

**FACILITY:** CALDWELL, CITY OF - CALDWELL WWTP

**LOCATION:** 504 JOHNSON LANE  
 CALDWELL, ID 83605

**ATTN:** Brendan Clemens, Operator

ID0021504	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2007	03/31/2007

**DMR Mailing ZIP CODE:** 83605

**MAJOR** \$

(SUBR 02)

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98.15	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.63	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	226	262		*****	6	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10289	10822		*****	263	300				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	284	326		*****	7	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	9819	12032		*****	252	339				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>				*****						
00610 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	17	17	46				
31616 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.74	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.81	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.11	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	5.92	*****	*****		1		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	240	290		*****	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9176	10565		*****	195	231				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	451	724		*****	10	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	8310	10899		*****	178	239				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	22	21	61.8				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.29	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.38	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	94.57	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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					<b>MM/DD/YYYY</b>

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Caldwell, City of  
**ADDRESS:** 621 Cleveland Blvd.  
 Caldwell, ID 83605

**FACILITY:** CALDWELL, CITY OF - CALDWELL WWTP  
**LOCATION:** 504 JOHNSON LANE  
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2007	06/30/2007

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	22				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	180	254		*****	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9787	10533		*****	193	201				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	250	342		*****	5	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

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06/01/2007	06/30/2007

**DMR Mailing ZIP CODE:** 83605

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(SUBR 02)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	8148	8319		*****	161	170				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>				*****						
00610 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	19	19	183				
31616 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	6.21	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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06/01/2007	06/30/2007

**DMR Mailing ZIP CODE:** 83605

**MAJOR** \$

(SUBR 02)

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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(SUBR 02)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23	23				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	205	319		*****	4	6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9335	9585		*****	174	197				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	316	484		*****	6	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	8012	9377		*****	148	162				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	87.09	349.72		*****	1.58	6				
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	17	18	127.3				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.52	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.81	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96.06	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.2	23.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.04	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	219	277		*****	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8611	10160		*****	4	5				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	314	602		*****	6	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

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THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Caldwell, City of  
**ADDRESS:** 621 Cleveland Blvd.  
 Caldwell, ID 83605

**FACILITY:** CALDWELL, CITY OF - CALDWELL WWTP  
**LOCATION:** 504 JOHNSON LANE  
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	11488	10200		*****	215	179				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	41.74	168.22		*****	.77	3.03				
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	19	17	242				
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.59	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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08/01/2007	08/31/2007

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**MAJOR** \$

(SUBR 02)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	1				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	22	22				
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.6	*****	*****				
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	214	225		*****	4	5				
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	11964	15508		*****	231	293				
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.8	*****	7.4				
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	259	359		*****	5	7				
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	22757	28376		*****	436	535				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	25.41	56.11		*****	.49	1.09				
00610 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	13	14	40				
31616 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	6.37	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	205	333		*****	5	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8813	9668		*****	207	239				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	265	545		*****	6	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	7139	8314		*****	167	192				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.729	1.956		*****	.04	.04				
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	16	17	214				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.18	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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10/01/2007	10/31/2007

**DMR Mailing ZIP CODE:** 83605

**MAJOR** \$

(SUBR 02)

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
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		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** Caldwell, City of  
**ADDRESS:** 621 Cleveland Blvd.  
 Caldwell, ID 83605

**FACILITY:** CALDWELL, CITY OF - CALDWELL WWTP  
**LOCATION:** 504 JOHNSON LANE  
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 83605

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.5	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	147	182		*****	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7844	9106		*****	199	237				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	212	242		*****	5	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	8319	12146		*****	213	320				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00610 1 3 Effluent Gross	<b>PERMIT REQUIREMENT</b>	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	10	10	75.8				
31616 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	6	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.66	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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**ATTN:** Brendan Clemens, Operator

ID0021504	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2007	11/30/2007

**DMR Mailing ZIP CODE:** 83605

**MAJOR** \$

(SUBR 02)

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98.12	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97.45	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	19				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.1	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	162	180		*****	4	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8066	8864		*****	212	235				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	211	272		*****	6	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	7114	8563		*****	187	222				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	1.617	1.87		*****	.0425	.05				
00610 1 3 Effluent Gross	<b>PERMIT REQUIREMENT</b>	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	12	12	46.7				
31616 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	3	*****				
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.63	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	<b>PERMIT REQUIREMENT</b>	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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